



# ND RYAN WHITE PROGRAM PART B CLIENT SATISFACTION SURVEY

NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF DISEASE CONTROL  
SFN 58958 (Rev. 01/2017)

1. Does your case manager understand your needs?

☐ Always ☐ Most of the time ☐ Sometimes ☐ Not very often ☐ Never

2. Does your case manager treat you with dignity and respect?

☐ Always ☐ Most of the time ☐ Sometimes ☐ Not very often ☐ Never

3. Is your case manager successful in helping you to get the care and services you need?

☐ Always ☐ Most of the time ☐ Sometimes ☐ Not very often ☐ Never ☐ Not applicable

4. Has the case management you received from this agency helped you to improve the problems, feelings, or situations that brought you here?

☐ Very much ☐ Some ☐ A little ☐ Not at all ☐ Not applicable

5. How satisfied are you with the quality of the service you receive from this agency?

☐ Very satisfied ☐ Satisfied ☐ Neutral ☐ Not satisfied ☐ Very unsatisfied

6. Please indicate the services you have utilized in the past 12 months (check all that apply)

☐ Drug Assistance ☐ Medical Care ☐ Housing ☐ Dental/Vision  
☐ Insurance Assistance ☐ Case Management ☐ Emergency Assistance ☐ Transportation  
☐ Other \_\_\_\_\_

7. Please rank following core services by number from 1 to 4 (1 being most important) in the order of importance for you.

\_\_\_\_\_ Outpatient Care \_\_\_\_\_ Health Insurance  
\_\_\_\_\_ Dental/Vision \_\_\_\_\_ Prescription Drugs (ADAP)

8. Please rank following support services by number from 1 to 4 (1 being most important) in the order of importance for you.

\_\_\_\_\_ Emergency Assistance \_\_\_\_\_ Housing  
\_\_\_\_\_ Case Management \_\_\_\_\_ Transportation

9. What is your biggest obstacle obtaining HIV related services in North Dakota?

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10. What services do you feel are lacking in North Dakota that would help improve the life of people living with HIV?

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Additional information is available at [ndhealth.gov/HIV](http://ndhealth.gov/HIV) or  
call the North Dakota Department of Health at **800.472.2180**

